

Summer Day in the Vieux Carré 2010 HISTORY CAMP APPLICATION

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- Parents/Guardians- **KEEP THIS PAGE** for your reference and information.
 - **History Camp is filled on a first-come, first-served basis. Registration begins on Monday, March 1st and continues until camps are full.**
 - The following four-page application form plus the camper questionnaire must be completed for each camper and signed by a parent or guardian. Sent applications and payment to: *Summer Day in the Vieux Carré*, Jean Lafitte National Historical Park and Preserve, 419 Decatur St., New Orleans, Louisiana 70130.
 - Payment: \$ 75.00 for supplies, materials, and entrance fees is required and is payable by check to "**EASTERN NATIONAL.**" **Your camper's slot is not guaranteed until the application and fee are received in our office. THIS FEE IS NON-REFUNDABLE.**
 - Please read the attached photo release form and sign if we may use pictures of your camper on the park website or in other publications.
 - Camp packets will be mailed two weeks prior to the start of camp and will include a camp schedule and reminder page.
 - As a reminder for you, circle the session of History Camp that your child will be attending:

June 21 - 25

July 12 - 16

History Camp details:

This camp is for children ages 9 -11. It begins **promptly** at 9:00 a.m. and ends at 3:00 p.m.

Campers may not be dropped off earlier than 8:45 a.m. Camp ends at 3:00 p.m. and campers should be picked up then. Parent/guardian must sign in and sign out when picking up and dropping off their camper every day of camp.

Each camper must bring a picnic lunch, beverage, water bottle, and towel every day. Please label all items with camper's name so that items do not get lost. Campers should come dressed in play clothes with a hat, sneakers, or other sturdy shoes (no open-toed shoes). If your camper needs sunscreen or insect repellent, you must apply it before your child is dropped off for camp.

Parents/guardians are encouraged to meet the camp staff on the first day of camp. All camp programs are accessible to parents/guardians throughout the week.

Families are invited to attend concluding ceremonies on Friday from 2:00 p.m. – 2:45 p.m.

If you must pick your child up early, please inform camp staff as soon as possible. Not all programs are located in the same place each day and the camp schedule is subject to change. If you will be late picking up your child or have an emergency please call **Camp Staff at (504) 589-2636 ext. 221.**

Summer Day in the Vieux Carré History Camp Application Page 1

Camper's Name: _____ Age: _____ Date of Birth _____

Current grade in school: _____ School Name: _____

Gender: Male _____ Female _____

Circle camp session: (only ONE week-long session per camper)

June 21 - 25

July 12 - 16

Parent's/Guardian's Name: _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Name/Phone number (day): _____ Name/Cell phone number: _____

Name/Phone number (evening): _____ Name/Cell phone number: _____

Emergency Contact:

(In the event parent/guardian listed above cannot be reached.)

Name: _____ Relation: _____

Phone number: _____ Cell phone number: _____

EMERGENCY CARE CONSENT

In case of illness or accident while my child is under the care and supervision of the Summer Day in the Vieux Carré History Camp Staff, I the undersigned, hereby consent to National Park Service authorized staff to provide emergency first aid and /or administer emergency care and/or treatment through a clinical doctor and /or hospital should they feel it necessary. I also agree to pay the entire cost and fees contingent upon emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement will continue as long as the participant is registered for Jean Lafitte National Historical Park and Preserve's History Camp 2010.

Signature of parent/guardian)

(Date)

Summer Day in the Vieux Carré History Camp Application Page 2

In addition to the named parent and/or guardian and the emergency contact listed on Page 1, your child may also be released only to the following individuals:

Name: _____

Relation to child: _____

Phone number: _____

Cell phone number: _____

Name: _____

Relation to child: _____

Phone number: _____

Cell phone number: _____

Name: _____

Relation to child: _____

Phone number: _____

Cell phone number: _____

Medical Information:

Physician/Health Care Facility _____ Phone _____

Insurance Company _____

Insured's Name _____ Policy Number _____

Check if applicable; list duration, treatment, method, and/or restrictions.

Conditions:

Explanation:

☐ Diabetes
☐ Asthma
☐ Heart trouble
☐ Bleeding/clotting disorders
☐ Other _____

Allergies:

Description & Reaction:

☐ Bee stings
☐ Medications
☐ Food or drink
☐ Other _____

Date of last tetanus booster _____

Date of last TB shot _____

Medication (over the counter or prescription): _____

Medical information continued :

Emotional, behavioral, or learning disabilities

If your child is under the care of a social worker, psychologist, behavior therapist, etc. please explain.

If a parent or guardian cannot be reached and the situation warrants it, please write your initials by each medication that you authorize a Summer Day at the Vieux Carré staff member to give to your child:

____Antihistamine (e.g. Liquid Benadryl)

____Antibiotic ointment (e.g. Neosporin)

____Anti-diarrheal (e.g. Immodium AD)

____Calamine or Tech – NU

Does your child have specific fears (mules, water, boats, other)? Explain

Where did you hear about Summer Day in the Vieux Carré History Camp? (friend, newspaper, website, etc.)

Is there any additional information you may find useful to share with the staff?

Participation consent

This is to certify that _____ has received my permission to participate in the National Park Service sponsored Summer Day in the Vieux Carré History Camp at Jean Lafitte National Historical Park and Preserve during the week of (please circle):

June 21 - 25

July 12 - 16

(Signature of parent/guardian)

(Date)

Photo release form

May we have permission to photograph your child in the group/camp setting and use strictly for camp publicity purposes? ____**Yes**____ **No** If yes, please fill out the attached Photo Release Form and return it with this application.

Summer Day in the Vieux Carré History Camper Questionnaire

Complete this questionnaire and return it with the application.

NAME:

AGE:

NICKNAME:

When your friends from out of town ask you what the *Vieux Carré* (Old Square or French Quarter) is, what do you tell them?

Have you ever been in the French Quarter? If you have, what did you like the best? What didn't you like?

Can you name any famous person who lived in the French Quarter?

Why do you think it's important to learn about the Vieux Carré?



National Park Service
U.S. Department of the Interior

Photo Release Form

I hereby grant the National Park Service permission to use my likeness in a photograph in any and all publications for Government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the National Park Service and will not be returned.

I hereby irrevocably authorize the National Park Service to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the National Park Service's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date

Printed Name/Date

Address

City

State

Zip Code

Phone

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

Parent or Guardian's Printed Name/Date

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide the National Park Service with contact information pertaining to this release form.

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08/2006

The National Park Service cares for special places saved by the American people so that all may experience our heritage.